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FACSIMILE TRANSMISSION COVER SHEET

DATE:

September 17, 2007

TO:

Examiner Marianne DiBrino

Group Art Unit 1644

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RE:

U.S. Patent Application No. 10/062,257

Entitled: TUMOR ANTIGEN

Our Ref.: 3190-014

FROM:

Luke A. Kilyk, Esq.

FAC. TEL. NO.:

1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET):

Items Attached: Request for Continued Examination -- 1 page

Petition for 1-month Extension of Time -- 1 page

Fee Transmittal -- I page

Credit Card Payment Form - 1 page

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Kim Blum

Name (Print)

Signature

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PAGE 03

PTO/SB/17 (10-03)

SUBTOTAL (3)

(\$) 910.00

SEP 1 7 2007 Approved for use through 07/31/2006, OMB 0561-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL Application Number 10/062,257 Filing Date February 1, 2002 for FY 2007 First Named Inventor Kyogo ITOH Examiner Name Marianne DiBrino Effective 10/01/2003. Patent fees are subject to ennual revision. Art Unit 1644 Applicant Claims small entity status. See 37 CFR 1,27 Attorney Docket No. 3190-014 (\$) 910.00 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Check X Credit card Money 3. ADDITIONAL FEES l Other arge Entity | Small Entity X Deposit Account Fee Code Fee Code Fee Description Fee Paid 130 50-0925 1051 2051 65 Sumharge - late filling fee or oath Account Number Deposit Surcharge - late provisional filing fee or Kilyk & Bowersox, P.U.L.C. 1052 50 2052 Account cover sheet 1053 130 1053 130 Non-English specification The Director is authorized to: (check all that epply) Credit any overpayments Charge fee(s) indicated below 1812 2,520 1812 2.520 For filing a request for exparte reexamination X Charge any additional fee(s) or any underpayment of fee(s) Requesting publication of SIR prior to 1804 920* 1804 920* Examiner action Requesting publication of SIR after Charge fee(s) Indicated below, except for the filing fee 1805 1.8401 1805 1.840* Examiner action to the above-identified deposit account **FEE CALCULATION** 1251 120 2251 Extension for reply within first month 120.00 1. BASIC FILING FEE 1252 450 2252 225 Extension for reply within second month 1253 1020 2253 Extension for reply within third month Large Entity Small Entity 510 Fee (\$) Fee Code Fee Code Fee Description Fee Paid (\$) 1254 1590 2254 795 Extension for reply within fourth month 1255 2160 2255 1080 1011 300 2011 150 Utility filing fee Extension for reply within fifth month 1401 1012 200 2012 100 Design filing fee 500 2401 250 Notice of Appeal 1402 500 2402 250 Filing a brief in support of an appeal 1013 200 2013 100 Plant filing fee 1403 1000 2403 500 Request for oral hearing 1014 300 2014 150 Reissue filing fee 1451 1510 1451 Petition to Institute a public use proceeding 1005 200 2005 100 Provisional filing fee 1452 500 2452 250 Petition to revive - unavoidable 1453 SUBTOTAL (1) (\$) 0.00 1500 2453 750 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1400 2501 700 Utility issue fee (or reissue) Fee from 1502 800 2502 400 Design Issue fee Extra Claim: Fee Paid below -20**= Total Claims х 1503 1100 2503 550 Plant issue fee Independent Claims Х 1460 130 1460 130 Petitions to the Commissioner Multiple Dependent 1807 50 1807 50 Processing fee for provisional applications Large Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Start 8021 8021 Recording each patent assignment per Fee Code Code 40 Fee Description property (times number of properties) Filing a submission after final rejection 1202 20 2202 25 Claims in excess of 20 1809 790 2809 (37 CFR 1.129(a)) For each additional invention to be 1201 200 2201 100 Independent claims in excess of 3 1810 790 2810 examined (37 CFR 1.129(b)) 1203 360 2203 2801 180 Multiple dependent claim, if not paid 1801 790 Request for Continued Examination (RCE) 790.00 *Reissue independent claims over original patent Request for expedited examination of a design application 1204 2204 100 1802 900 | 1802 900 1205 2205 *Reissue claims in excess of 20 and over original patent

SUBMITTED BY					Complete (if a	
Name (PrintType)	Luke A. Kilyk	Registra (Attorne	vion No. viAgenij	33,251	Telaphone	1-540-428-1701
Signature	This help				Data	September 17, 2007

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